CITY OF
MARICOPA
PROUD HISTORY · PROSPEROUS FUTURE

45145 W. Madison Ave.
P.O. Box 610
Maricopa, AZ 85239
Ph: 520.568.9098
Fx: 520.568.9120
www.maricopa-az.gov

ADDRESSING REQUEST APPLICATION

SECTION I: APPLICANT & PRIMARY CONTACT INFORMATION

Applicant Name: _____

Primary Contact Name: _____

Affiliation with the Project: _____

Phone: _____   Fax: _____   Email: _____

Please specify best mode of product delivery: ☐   Email   ☐   Mail

SECTION II: ADDRESS REQUEST INFORMATION

REQUEST FOR: ☐   New Address   ☐   Change to Existing Address

RESIDENTIAL / COMMERCIAL DEVELOPMENT REQUEST

Case Number(s): _____   Zoning: _____

Section: _____   Township: _____   Range: _____   Name of Development(s):_____

Parcel(s): _____   Total Number of Addresses Requested: _____

METER REQUEST

General Location(s):_____

Section(s): _____   Township(s): _____   Range(s): _____

Assessor's Parcel Number(s): _____   Meter(s) Use: _____

Total Number of Addresses Requested: _____

EXPLANATION OF REQUEST

_____

_____

_____

_____

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SECTION III: SUBMITTAL REQUIREMENTS

Please provide the following information for a **Subdivision/Commercial Address** request:

Office
Check-in   Applicant
Use Only   Checklist

☐   ☐   One 24" x 36" copy of scaled drawing (1"- 200') of the subdivision/commercial site including a North arrow, all Parcel numbers, lot numbers, internal street names and exterior street names tied into a minimum of two section corners.

☐   ☐   One dwg formatted copy of the 24" x 36" scaled drawing (1" – 200').

☐   ☐   **Fees:** $50.00 per address

Please provide the following information for a **Meter Address** request:

Office
Check-in   Applicant
Use Only   Checklist

☐   ☐   One map (for each meter requested) showing specific meter location on the parcel/site.

☐   ☐   **Fees:** $50.00 per address

I have read this Address Request Application and understand that if my application is not complete in all respects it will not be processed until such time as it is complete. I also understand that it may take up to four weeks to receive a response to this application.

_____
Signature of Applicant   Print Name   Date

OFFICE USE ONLY

Date of Submittal: _____   Fees: _____

Date of Completion: _____   Accepted by: _____

Staff Comments: _____

_____

Updated 4-15-08

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Address (New) Flow Chart

Pre-Application Meeting Address Coordinator introduces SNAP Guide

↓

Applicant submits official Application

↓

Application Routed to Staff for Review

→ Address Coordinator reviews the proposed street names (Must be sure the street names do not already exist in the Pinal County Master Street List and City of Maricopa Master Street List)

↓

Staff and Applicant meet again if necessary, Applicant resubmits until approved

Denied ← → Approved

Address Coordinator reviews additional submittals

Address Coordinator Reserves Street Names in Master List

↓

Staff Prepares application for Planning & Zoning Commission and City Council

Denied   Approved

↓

Once fully approved by the City, Documents are Recorded with the County

→ Applicant submits Address Request Application and fees to the Address Coordinator

↓

Address Coordinator assigns addresses

↓

Address Coordinator inputs the address information into the GIS database

↓

Address Coordinator delivers addresses to applicant (assuming fees are paid)

↓

Address Coordinator emails new address list to the Addressing Contact List (i.e. Fire, Post Office, E911, etc.)